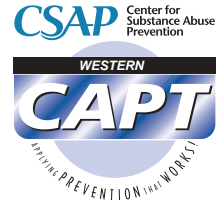


Section 6



Using Human Development in Prevention

Participants recognize the importance of incorporating human development theories into prevention program planning.



*approximate time:
2 hours, 30 minutes*

Learning Objectives

Participants will be able to:

- acknowledge that changes occurring throughout people's lives have implications for prevention strategies
- describe the major conflicts in Erik Erikson's theory of development
- relate prevention strategies to people in various stages of development
- make a prevention program more developmentally appropriate

Materials and Preparation

Be ready to use the following information and work sheets:

- **Changes**
- **Maslow's Hierarchy of Needs**
- **Erikson's Developmental Stages**
- **Medicine Wheel**

WORK SHEET

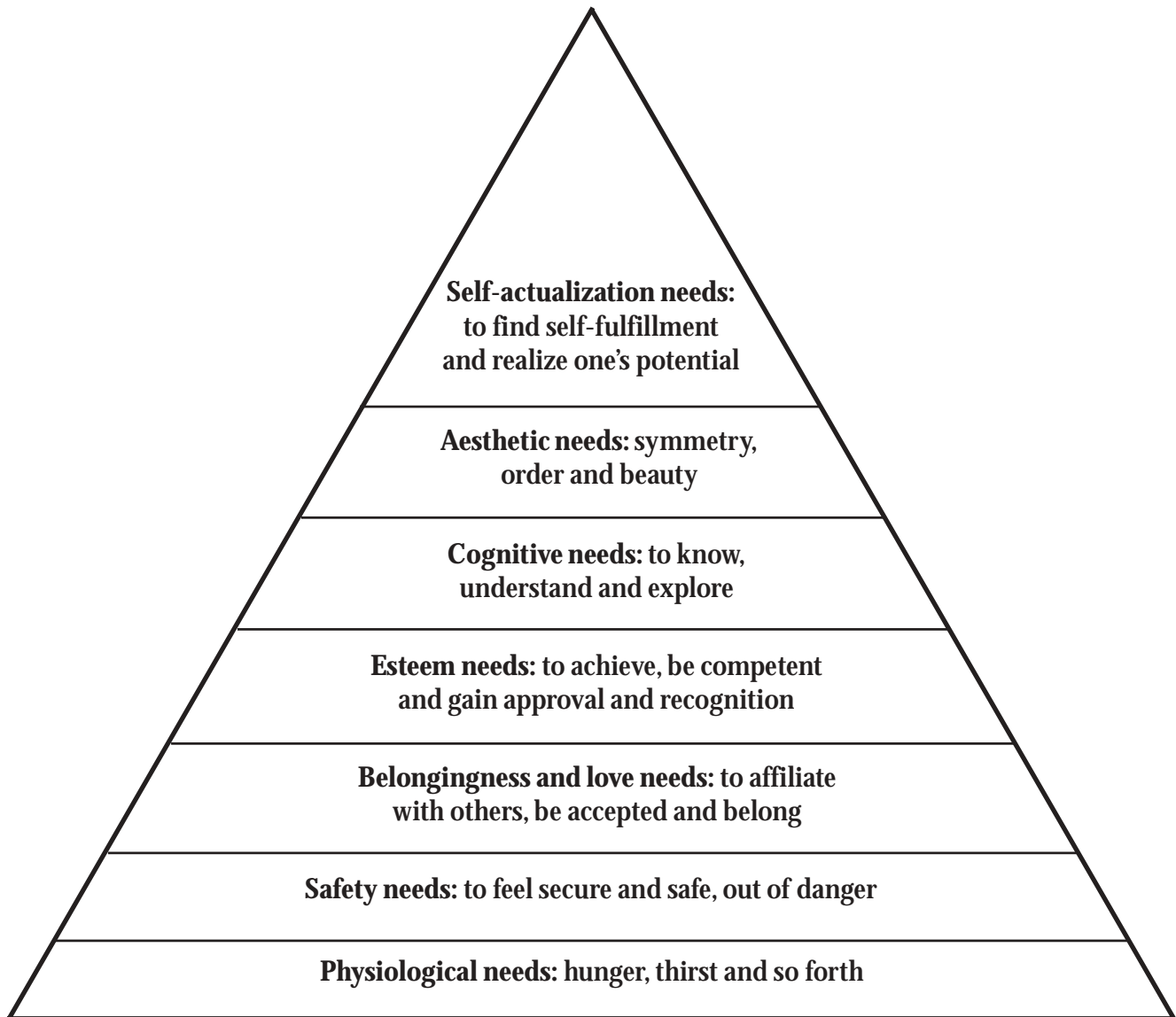


Changes

List one change you've gone through in each of the following categories and write down how old you were when the change happened:

1. Physical change: _____
How old were you? _____
2. Family change: _____
How old were you? _____
3. Intellectual change: _____
How old were you? _____
4. Social change: _____
How old were you? _____
5. Emotional change: _____
How old were you? _____
6. Spiritual change: _____
How old were you? _____
7. Financial change: _____
How old were you? _____
8. Career change: _____
How old were you? _____
9. Philosophical change: _____
How old were you? _____
10. Political change: _____
How old were you? _____

Maslow Hierarchy of Needs





Guidelines Consistent with Piaget's Theory

Guidelines Consistent with Piaget's Theory of Cognitive Development

1. Children construct knowledge out of their exploratory actions on the environment. Actions may be physical (as manipulation of objects) or mental (wondering about something). Education methods must be based on active exploration.
2. Children are motivated when they encounter disequilibrium. Prevention professionals should develop methods that encourage disequilibrium. This can be achieved by allowing children to explore their *interests* in legitimate ways. By causing cognitive conflict by asking questions designed to motivate the child's reasoning.
3. Social interaction is a source of learning cooperation as well as cognitive conflict and disequilibrium. Prevention professionals should provide legitimate opportunities for social interaction. Peer interactions are particularly important from the time a child enters school.
4. Surprising events can also lead to disequilibrium. Prevention professionals can structure experiences that are not expected by students.
5. Allowing children to function more autonomously gives them the opportunity to learn how to self-regulate, to control and direct the self efficiently, effectively, and responsibly. Prevention professionals should let children learn how to learn.

Reference

Wadsworth, B.J., (1996). *Piaget's Theory of Cognitive and Affective Development*. White Plains, New York: Longman Publishers.

Guidelines Consistent with Piaget's Theory of Moral Reasoning and Moral Behavior

1. Prevention professionals and parents can assume mutual respect, nonauthoritarian relationships with young children for at least some of their time together and with high school students all the time. Prevention professionals can encourage children to resolve issues themselves and develop autonomy. Prevention professionals must respect children.
2. When punishment of children is necessary, it can be based on reciprocity rather than expiation. For example, the boy who refuses to clean up his room can be deprived of the things he does not clean up. The girl who hits other children can be denied interaction with other children.
3. Prevention professionals can foster social interaction in their classrooms and encourage questioning and examining any issue children raise. There is intellectual value in dealing with children's spontaneous intellectual interests, and it is equally valuable to their moral development to deal with spontaneous moral questions.
4. Prevention professionals can engage students, even at the preschool level, in discussions of moral issues. As children listen to their peers' views, they can experience cognitive disequilibrium, which can lead to a reorganization of their concepts. Cognitive conflict is necessary for the restructuring of reasoning (development) to proceed.
5. Schools and classrooms can be restructured to allow students greater participation in the valid aspects of the school-governing process. Although many "educators" would like to think otherwise, responsibility, cooperation, and self-discipline cannot be transmitted to children authoritatively. Such concepts must be constructed by children out of their own experiences. Mutual respect relationships are essential. Teachers and parents are generally the ones who structure the social environment to which children adapt and from which they learn. It is questionable whether children can develop concepts of justice based on cooperation in environments in which justice is based only on authority.

Reference

Wadsworth, B.J., (1996). Piaget's Theory of Cognitive and Affective Development. White Plains, New York: Longman Publishers.



Erikson's Developmental Stages

Birth to approximately 18 Months: Basic Trust vs. Mistrust

Psychosocial growing task

In this stage, children are learning about trust and mistrust. It is important for them to be able to trust that those who are caregivers will meet their basic needs (including food, shelter and sleep). Children at this age do not have the ability to fully understand that they will be cared for by loved ones. Learning that they can trust those loved ones allows for healthy bonding and development of trust in oneself in later stages.

Important relationships

Mother and other primary caretakers play a crucial role in helping the infant accomplish this growing task. These people must meet the needs of the infant, who cannot fully express what those needs are.

Beliefs, emotions and behaviors to be expected

Infants believe that they may be abandoned when a caretaker disappears. When a caretaker leaves the room or nurtures another child, infants may fear (subconsciously) that they'll be left alone to die. That explains the obvious expression of fear (which may look more like terror) in the form of crying. As children learn to trust, they won't experience as much fear when a caretaker is unavailable.

How to help with accomplishment of the task

Nurturing and protecting infants is crucial at this stage. When infants need something, they'll usually let you know. Remember that infants are learning about trust and mistrust, so consistent care-giving is important. Continuity of care, consistency and sameness of experience create predictability and trust. Infants at this stage need to learn that they can express their feelings of need; this helps them grow up more able to verbalize their needs and to take appropriate action. Letting infants cry (briefly) before meeting their needs rather than anticipating every need helps infants trust their own feelings and responses.

Concerns

If infants experience a significant break in the bond with a primary caretaker, they may learn to mistrust others. In older children and adulthood, these individuals may have difficulty trusting and bonding well with others. If infants don't learn to trust their feelings about needs, they may grow up having difficulty caring for themselves appropriately.



INFO SHEET

**Approximately
18 Months to
Approximately
3 Years:
Autonomy
vs. Shame
and Doubt**

Psychosocial growing task

In this stage, children need to learn that they are individuals separate from their caregivers. It's in this stage that they discover it doesn't mean the end of the world for them when a caregiver is not in sight. It is also the stage in which children discover they have wills. Muscular maturation sets the stage for potty training in this stage. Shame is the result of self-consciousness children perceive when comparing themselves to "competent giants." Children who learn about their autonomy and will may grow up to appropriately exercise their choices. These children may set healthier limits for themselves.

Important relationships

The father or other paternal roles are important at this time. Also, caregivers who set limits for the child serve as key teachers and role models.

Beliefs, emotions and behaviors to be expected

Now is when children learn that they can think and may act on these thoughts. In this stage, children may begin opposing the caregivers and may discover and use the powerful word, "no". Children will test the limits that caregivers set (like not going outside alone), even though those limits are in place to keep the child safe. Demonstrations of defiance and anger are to be expected at this stage.

How to help with the accomplishment of the task

Letting the child exercise choices about simple and safe things is important at this stage. For example, a caregiver might let a two-year-old choose which color ball to play with, or which cup to drink from. It's usually helpful to offer limited choices such as "Would you like this or that?" rather than "What do you want?". Helping children to understand and experience the consequences of choices is important, too.

Concerns

If children don't have appropriate limits set, they may have difficulty as older children or adults with setting personal limits and making healthy choices. If children are expected to act beyond their skill level, they're put in a bind and may not feel the freedom to explore and experience personal strengths. These children may grow up to act out of others' needs rather than meeting their own needs.



INFO SHEET

**Approximately
3 Years to
Approximately
5 Years:
Initiative vs. Guilt**

Psychosocial growing task

In this stage, children learn about their own identities. This is an extension of the previous task, in that they discover more about how they can do things to influence their world and their lives. Children now begin to learn about their personal resources and ability to accomplish things. This enables children to take action without a sense of shame later on.

Important relationships

Children's basic "family" plays an important role in the accomplishment of the task in this stage.

Beliefs, emotions and behaviors to be expected

Children may want to please others in this stage because they're testing the belief that "I am worth what I do" against the belief that "I am a worthy and lovable person who acts imperfectly at times." Compliance alternating with defiance is an expected part of this stage.

How to help with the accomplishment of the task

Helping children to know that they're loved and have strengths even when they have needs and are learning is very important. Also, reassuring children that they'll still be taken care of when sick or hurting and that they can express their needs in a straightforward manner to the caregiver are important helps in this stage.

Concerns

If children's expressions of need or want during this stage are ignored or used to shame the children, they may not learn that they're lovable, valuable people in spite of their behaviors, wants, needs and so on. These individuals may grow to have shame about their needs and accomplishments and may protect themselves from these negative feelings via inappropriate pride or denial of needs.

**Approximately
5 Years to
Approximately
12 Years:
Industry
vs. Inferiority**

Psychosocial growing task

In this stage, children's sense of industry and esteem are more fully developed. Learning to do things their own way is part of this process. Additionally, more is learned about choices and consequences.

Important relationships

Larger social groups such as school and community help children at this stage. Children's circles of relationships are expanding.



INFO SHEET

**Approximately
5 Years to
Approximately
12 Years:
Industry
vs. Inferiority –
*continued***

Beliefs, emotions and behaviors to be expected

Children test the idea that their beliefs can be different from others without rejection or abandonment in this stage. Behaviors that are common in this stage include both defiance and compliance as children test beliefs about their role in the world.

How to help with the accomplishment of the task

Helping children to recognize their role in social groups is important during this stage. Children need to discover that their ideas and beliefs are also valued and uniquely their own. Helping children to report thoughts, feelings and beliefs in a straightforward manner without judgment may be of crucial importance. This is also a stage of separation on several levels. Creating opportunities for children at this stage to experience their independence from their families in appropriate areas may prepare for healthier preparation and independence later. In literate societies, children learn literacy, which provides the tools for further education and options. School performance is critical to self-concept and a sense of belonging.

Concerns

Children who don't successfully learn about their own strengths may have difficulty using personal resources in life. Children who are put down or shamed in other ways for their ideas, feelings or responses to things may become fearful of expressing themselves. These children may grow up to be people-pleasers or avoid social intimacy.

**Approximately
12 Years to
Approximately
18 Years:
Identity
vs. Identity
Diffusion**

Psychosocial growing task

The task in this stage is to learn more about personal identity in order to become a separate, independent person. It is in this stage that children develop their own interests, values and beliefs. They also develop a clearer sense of responsibility for the meeting of their own needs. Since this is a particularly high risk period for substance abuse, it is important to understand the tasks during this period at some level of detail:

- shifting from acceptance of the parental view of the world (and self) to a more personalized view of the world
 - restructuring of self-concept
 - redefinition of concept of others and their influence on self
 - reappraisal of social standards and values
- broadening of the range of social contacts



INFO SHEET

**Approximately
12 Years to
Approximately
18 Years:
Identity
vs. Identity
Diffusion –
*continued***

- movement from parents and adults as guides and decision makers to equals
- movement toward behavior which allows effective functioning outside the family
- movement from dependence to independence in thought and actions
- answering the question, “Who am I?”
 - experimentation with various adult roles
 - evaluation of response of others to these experiments
- adjusting to sexual maturity
- learning to be a social adult
 - learning to live by a set of values that may differ from the norm of one’s own subculture without experiencing a great deal of conflict
 - learning to adapt to demands of new social situations
 - changing the nature of peer relationships
- exploring vocational choices

Parents, peers and the school are all influences on the accomplishment of these tasks.

Important relationships

Peer groups play an important part in helping children in this stage clarify their identities and in developing a sense of fidelity to beliefs and values.

Beliefs, emotions and behaviors to be expected

As children in this stage experience greater independence from their family, there may be expressions of neediness as well as defiant independence. It is normal for children to take an oppositional stand on a family belief or value one day, then to appear needy and childlike the next day. This is all a part of transition to adulthood.

How to help with the accomplishment of the task

Engage children on an adult level without violating the parent/child relationship (e.g. talk about world issues with children). Show appreciation for children’s changing intellectual, social, emotional, physical and sexual identities without being ashamed or seductive. Affirm independence by initiating separation where appropriate (e.g. letting children visit friends far from home, or letting children make choices about some things). Help with children’s need to discover self-identity. Let children explore new images through clothing, for example,



INFO SHEET

**Approximately
12 Years to
Approximately
18 Years:
Identity
vs. Identity
Diffusion –
*continued***

while helping them consider and shape positive values.

Concerns

Children who aren't able to learn self-identity may become inappropriately dependent on their family or may become isolative. Children may perceive a parent's unwillingness to "let go" and may rebel in ways that can be destructive.

**Approximately
18 Years to
Approximately
35 Years:
Intimacy
vs. Isolation**

Psychosocial growing task

In this stage, people try to acquire a sense of intimacy and solidarity while avoiding a sense of isolation. Other tasks include preparing for a lifework, finding a mentor, forming a capacity for intimacy without losing self and shaping a dream.

Important relationships

Relationships with similarly aged people are important at this time. Friends may be work associates, those with similar interests and may be members of the same or opposite sex.

Beliefs, emotions and behaviors to be expected

Doing what "we should" is defined by family models, culture and peers. Attachment with peers and romantic relationships are important during this time. There may be an inner conviction (which is probably a false fear) that the choices made are irrevocable. Life patterns begin to be set. The choice may be a transient state—which includes many jobs and relationships—or a locked-in pattern, which includes long-term relationships and jobs.

How to help with accomplishment of the task

Provide opportunities to discover and develop relationships. Affiliation with organizations and a meaningful work life may assist with a sense of solidarity and usefulness.

Concerns

A deep sense of alienation and despair are possible unless intimate relationships with others or a satisfactory career are discovered.



INFO SHEET

**Approximately
35 Years to
Approximately
65 Years:
Generativity
vs. Stagnation**

Psychosocial growing task

This is a time for people to reassess where they are. It is a time of change, turmoil and crisis.

Important relationships

For some people, relationships may turn inward toward the family. For other people, relationships may broaden to include a more worldly perspective. This is a time to offer love, care and knowledge to others.

Beliefs, emotions and behaviors to be expected

During the early 30s, life becomes more rational and orderly. People settle down, buy houses and start sending out roots. Social life is reduced if the choice is to have children. Often satisfaction with marriage decreases. Change is the key (e.g. a single person feeling a push to find a partner, a mother wanting to venture out into the world, a childless couple reconsidering children, people in long-term relationships feeling discontented). Often, job and career changes are considered. Mature people in this stage are generally interested in guiding and providing for the next generation. They may feel a desire to leave a legacy.

How to help with accomplishment of the task

Help people to recognize that it's normal to assess their lives at this time. Provide a means to leave something for future generations and to be productive.

Concerns

In the mid 30s, a crisis occurs as a realization of loss of youth and physical power sets in, a feeling of having no “answers” and a fading sense of purpose. If there is a lack of interest in others, the result may be self-absorption and interpersonal impoverishment.

**Approximately
65 Years and
Over:
Integrity
vs. Despair**

Psychosocial growing task

In this stage, people try to achieve a sense that life has had meaning and the process has been worth the effort. They also try to face not being in the future.

Important relationships

Loss of relationships and a possible dependence on friends or family for assistance marks this time of life.



INFO SHEET

Approximately 65 Years and Over: Integrity vs. Despair – *continued*

Beliefs, emotions and behaviors to be expected

A range of beliefs, emotions, and behaviors is to be expected. This time of life is often characterized by the loss of social, health and economic status.

How to help with accomplishment of the task

Recognize the resources that these people have to offer, and allow them to contribute in meaningful ways. Find creative ways to improve the status of this group, for example with improved health care and products to assist with independent activity (e.g. battery-operated carts).

Concerns

Many stereotypes exist about this stage. Although many older adults must live on a fixed income and are poor, it's also true that older adults have 75% of the wealth in this country. The cohort of people 65 and older is growing at a faster rate than that of any other age category. We can expect this to continue as the Baby Boomers age.

Current older adults have lived through more technological changes than any other group in history. They are resilient, having survived several wars and the Depression. Our youth-orientated society often discounts older people.

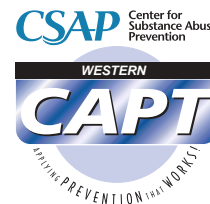
Older adults consume more over-the-counter medications and prescription medications than other age groups do. The average person 65 and older takes five to seven different medications daily. Yet many older adults don't take any medication at all and consume no alcohol.

Substance abuse issues are very different with this population. Misuse as well as abuse is a concern. Physical changes, such as metabolism and percentages of body fat, affect the way chemicals are used by the body. Misunderstood directions and the inability to open medicine containers may be reasons for incorrect use of medicine. Often the problem is either not taking medications or being over-medicated by a well-intentioned physician. The possibility of drug interaction increases with each additional drug taken. When working with this age group, it's important to recognize these factors in order to create appropriate prevention strategies.

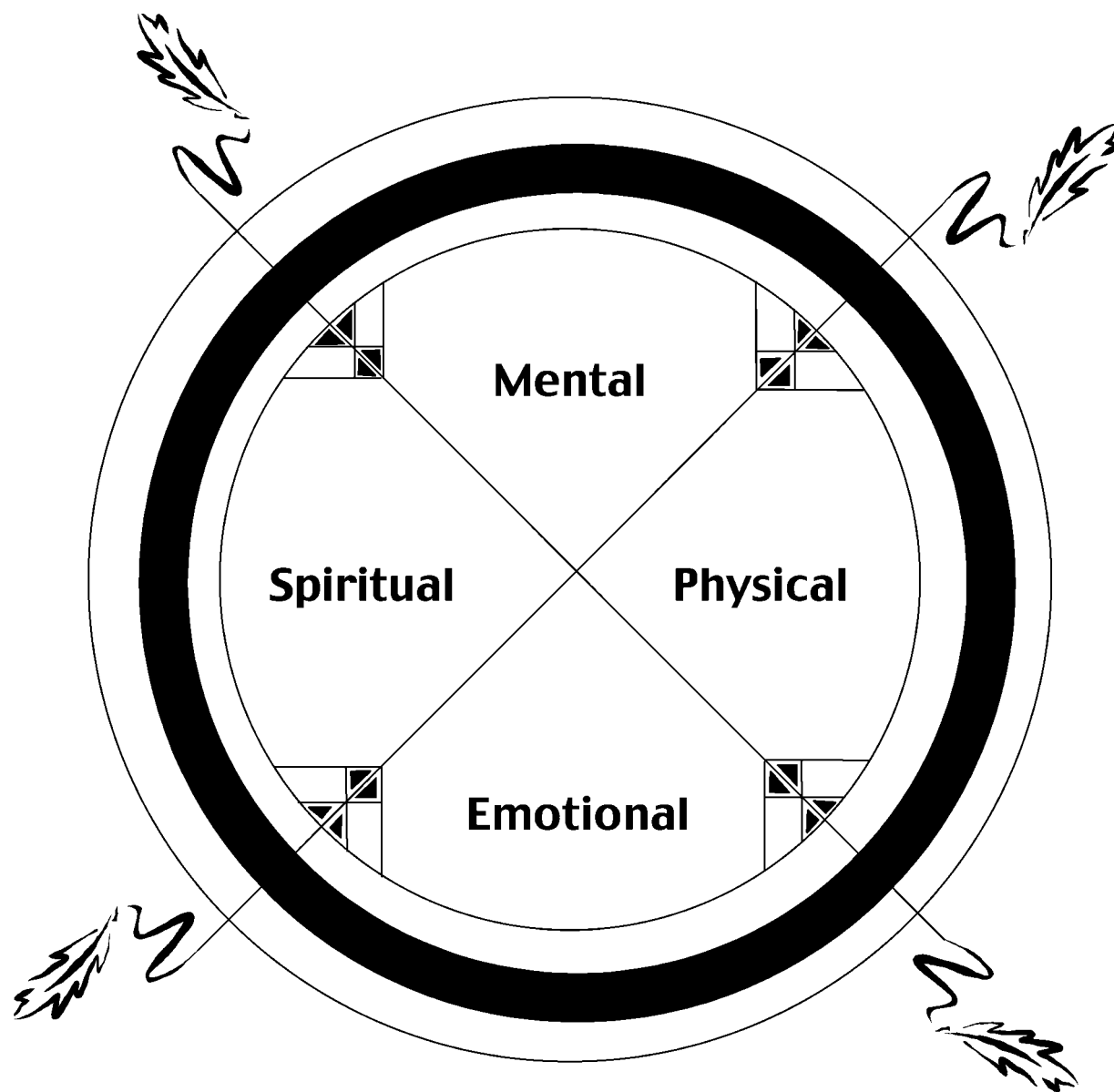
As prevention professionals, we should take time to examine the implications of our aging society. The Baby Boomer generation will have experienced a different aging process and have different values than our current older adult population. They may have more experience with illicit drugs and alcohol, resulting in a more positive attitude toward drug use.

(Erikson, 1950)

INFORMATION SHEET



The Medicine Wheel



The Medicine Wheel – continued

The Native American concept of the Medicine Wheel symbolically demonstrates a non-linear model of human development. Each direction on the wheel offers lessons and gifts that help to develop an individual. The idea is to remain balanced at the center of the wheel while developing equally the physical, mental, emotional and spiritual aspects of one's personality. The specific concepts of the Medicine Wheel vary amongst Native people, including the gifts attributed to each position on the wheel, but the following offers a generalized overview of some lessons and gifts connected to the developmental process.

Lessons and gifts from the East, the place of first light, spring and birth, include:

- Warmth of spirit
- Purity, trust and hope
- Unconditional love
- Courage
- Truthfulness
- Guidance and leadership
- Remaining in the present moment

Lessons and gifts from the South, the place of summer and youth, include:

- Generosity, sensitivity, and loyalty
- Romantic love
- Testing the physical body/self control
- Gifts of music and arts
- Capacity to express feelings openly in ways respectful to others

Lessons and gifts from the West, the place of autumn and adulthood, include:

- Dreams, prayer and meditation
- Perseverance when challenged
- Balance between passionate loyalty and spiritual insight
- Use of personal, sacred objects
- Life's meaning
- Fasting, ceremony, self-knowledge and vision

Lessons and gifts from the North, the place of winter and elders, include:

- Intellectual wisdom
- Completing tasks that began as a vision
- Detachment from hate, jealousy, desire, anger and fear
- Ability to see the past, present and future as interrelated



INFO SHEET

The Medicine Wheel – continued

Resources for Medicine Wheel information include:

The Sacred Tree: Reflections on Native American Spirituality, Judie Bopp, Michael Bopp, Lee Brown and Phil Lane, Jr., Lotus Light Publications, Twin Lakes, WI, 1989.

Dancing with the Wheel: The Medicine Wheel Workbook, Sun Bear, Wabun Wind, and Crysallis Mulligan, Simon & Schuster, New York, NY, 1992.